



23204 58th Avenue W  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@mltwa.gov](mailto:PermitSpecialist@mltwa.gov)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# STRUCTURE MOVING PERMIT

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Permit Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

## Application for House, Shed, Building or Structure Moving Permit within the City Limits of Mountlake Terrace

Present Location of Building to be Moved: \_\_\_\_\_  
 Address of New Location of Said Building: \_\_\_\_\_  
 Date & Hours of Move: \_\_\_\_\_  
 Route to be Taken for Move (Provide Map with Route): \_\_\_\_\_  
 Insured By: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date & Expiration Date of Policy: \_\_\_\_\_

Description of house, shed, structure of buildings to include the gross weight, length, height and width of the building or structure, as well as the registered gross weight of all vehicles or combination of vehicles to be used or engaged in the movement of said buildings or structures:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This move will take place between the hours of 9:00 a.m. and 3:00 p.m., Monday-Friday, on the date approved; or, unless different hours and date of move have been approved by the City Engineer, Police Chief and Fire Chief.**

The Permit Contact Information Form (next page) is required to accompany this application.

The Applicant – Permittee hereby agrees to comply with City Ordinance No. 1419 and any additional requirements as enumerated by the reviewing authorities. Applicant must also attach a copy of Insurance Policy and Statement of Approval by all Public Utility Companies listed above.

I certify the information provided on this permit application is true and correct.

Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_  
Print

Owner / Agent \_\_\_\_\_  
Signature



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY

Permit(s) Number(s):
PROCESSED BY: (Initials) DATE:

Project Name/Name of Business (If Applicable)

Subject Property Address Suite No.

Parcel Number(s)

Applicant
Mailing Address
Street Address City State Zip
Phone E-Mail

Property Owner
Mailing Address
Street Address City State Zip
Phone E-Mail

Contractor
If Applicable
Mailing Address
Street Address City State Zip
Phone E-Mail:
State License # Expires City Business License # Expires

Contact Person:
This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.
Mailing Address:
Street Address City State Zip
Phone E-Mail:

Design Professional:
Mailing Address:
Street Address City State Zip
Phone E-Mail:

Signed: Print Name: Date:



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# AFFIDAVIT of APPLICANT STATUS and Acceptance of Financial Responsibility for Project Fees

Please indicate which of the following options describes your project:

- Property Owner is Responsible for Fees and Application Materials
- Property Owner is Responsible for Fees and Someone Other than Property Owner (“Applicant”) is Responsible for Application Materials
- Someone Other than Property Owner (“Applicant”) is Responsible for Fees and Application Materials

Please fill out the Project Property Information, Property Owner Information, and Applicant Information (if applicable) sections below, check the appropriate boxes on next page, and sign.

## Project Property Information

Property Address: \_\_\_\_\_

Snohomish County Tax Parcel Number(s): \_\_\_\_\_

Development Name (if applicable): \_\_\_\_\_

Project Description: \_\_\_\_\_

## Property Owner Information

Owner Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Owner E-mail: \_\_\_\_\_ Title: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

## Applicant Information (If Applicable)

Applicant Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_ Contractor L7I No.: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

**Affidavit of Applicant Status**

Select one of the following:

- Owner hereby certifies that Owner is the legal owner(s) of the Project Property described above, and is legally entitled to acquire permits and approvals for the Project.
- Owner hereby certifies that Owner is the legal owner(s) of the Project Property described above. Owner further certifies that \_\_\_\_\_ (“Applicant”) is authorized to act on Owner’s behalf to acquire permits and approvals for the Project, and designates Applicant as the primary contact to work with City staff for such purposes.

**Acceptance of Financial Responsibility**

Select one of the following:

- As Owner(s), I/we accept financial responsibility for all fees associated with this permit for reviews and approvals performed by the City or contracted agencies. I/we agree to pay all permit fees, costs of review, and other associated fees, regardless whether the permit is issued or whether the application is canceled before permit issuance. Refunds will be mailed to Owner unless the City has received written authorization from Owner stipulating payment to a third party. If my/our address changes at any time before the City has received full payment for all fees billed or owing, I/we will immediately notify the City of the new address.
- As Applicant(s), I/we accept financial responsibility for all fees associated with this permit for reviews and approvals performed by the City or contracted agencies. I/we agree to pay all permit fees, costs of review, and other associated fees, regardless whether the permit is issued or whether the application is canceled before permit issuance. Refunds will be mailed to Applicant unless the City has received written authorization from Applicant stipulating payment to a third party. If my/our address changes at any time before the City has received full payment for all fees billed or owing, I/we will immediately notify the City of the new address. (Applicant(s) must sign below.)

**Signatures**

Property Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

REQUIREMENTS OF REVIEWER(S)

**TRAFFIC ENGINEER:**

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**FIRE CHIEF:**

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**POLICE CHIEF:**

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**BUILDING OFFICIAL:**

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**MOVING PERMIT APPLICATION DENIAL:**

**YOUR APPLICATION FOR A MOVING PERMIT HAS BEEN DENIED FOR THE FOLLOWING REASONS:**

**TRAFFIC ENGINEER:**

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**FIRE CHIEF:**

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**POLICE CHIEF:**

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**BUILDING OFFICIAL:**

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**THESE CONDITIONS MUST BE CORRECTED BEFORE THE MOVING PERMIT WILL BE  
ISSUED.**

RESUBMITTAL BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPROVED BY:**

**NAME**

**DATE**

**TRAFFIC ENGINEER**

\_\_\_\_\_

\_\_\_\_\_

**FIRE CHIEF**

\_\_\_\_\_

\_\_\_\_\_

**POLICE CHIEF**

\_\_\_\_\_

\_\_\_\_\_

**BUILDING OFFICIAL**

\_\_\_\_\_

\_\_\_\_\_